

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039698

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 68

FILED OCT 16 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
10440		
20440	2	
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1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOUND CITY		c. CITY OR TOWN MOUND CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) MARY ELIZABETH GRIFFITH		4. DATE OF DEATH OCT. 8, 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-15-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) HOLT CO., MO.	
13a. FATHER'S NAME HIRAM G. NAUMAN		13b. MOTHER'S MAIDEN NAME SUSIE DOVELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT MRS. ROY WELLS	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 1/201 Conditions, if any, which gave rise to above cause (e), stating the underlying cause last: DUE TO (b) Hypertension 444 DUE TO (c) arteriosclerosis 1/500		12. CITIZEN OF WHAT COUNTRY U.S.A.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from June 1960 to October 8/63 and last saw her alive on October 8/63 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. M. Rae (Degree or title)		22b. ADDRESS Mound City Mo	
22c. DATE SIGNED 10/12/63			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10-12-1963	23c. NAME OF CEMETERY OR CREMATORY NEW LIBERTY	23d. LOCATION (city, town, or county) HOLT COUNTY, MO
24. FUNERAL DIRECTOR JAMES H. CRAWFORD		25. DATE RECD. BY LOCAL REG. 10.12.1963	
ADDRESS MOUND CITY, MO.		26. REGISTRAR'S SIGNATURE James H. Crawford	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James H. Crawford

Licensed Embalmer No. 4796

P. O. Address

Mount City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.